

Central MRS Meeting
Guilford County DSS
November 30, 2005

Counties Present: Guilford, Union, Rowan, Davidson, Davie, Orange, Mecklenburg, Chatham, Randolph, Cumberland, Stokes, Yadkin, Montgomery

State Staff: Rosalyn Thompson, Tom Smith, Cindy Holman, Holly Mc Neill, Heather Thomas

Upcoming Meetings

In January we will continue with the regional meetings but they will be geared more to the new counties that are coming on (will be talking about more basic information about start-up issues.) Any ideas for how we can still meet the needs of those counties that have already been doing MRS for awhile. One suggestion was to have Holly attend the CPR meetings so that she can touch base with folks and talk with them. Any other ideas, please let her know.

We will also have a meeting for the Original 10 counties in Greensboro on the 13th of January.

Panel Discussion of Blended Caseloads

Counties have asked about blended caseloads. Some have tried and gone back, others have not begun them. To address this, Holly has asked some counties that are doing some form of blended caseloads to talk to the group about how they are managing them.

Guilford & Davidson counties presented.

Guilford

Had started blended teams before MRS. The county is divided into 3 zones. When MRS started they decided to try to do it as the state recommended and have one worker keep the case. They felt like it was best practice and also that eventually the state would require it. Every time a case is transferred to a new worker about 7-10 days of productive work is lost in the transition and the families have to tell their stories all over again.

In Betty's zone, 7 supervisors, 6 blended teams, 1 after hours. Each team a bit different, but mixed types of workers (assessors/investigators, case management, foster care &/or adoption). This was new to supervisors as well, because they had to be familiar with the other disciplines that they may not have worked with. They handled that by giving a supervisor from an investigative background the more experienced foster care workers so that they could share knowledge, and the more experienced investigative social workers went to the team headed by the supervisor with a foster care background. This helped to relieve his sense of anxiety and nervousness.

Feel very strongly that this is the best approach for families. This is how they would want their own families to be investigated. It is empowering and including for families, includes them in the decision making process. Many of them have complemented the agency. Believe including the family in the decision making process about the safety plan is one of Guilford's strengths.

Once they decide to have workers keep the case, they had to blend in a new way. Made most case planning/case management workers into family assessors. This was new for them (and vice versa). How to teach 210 workers 215 and 215 workers to do 210? Started in one zone only and did it very slow. Took 4 workers out of 10 at first and made them family assessors. For 2 months only has those 4 workers as family assessors. Then had to decide how to bring in 215 social workers. Their cases had been going down because there were not as many cases being substantiated and they had been trying to bring their caseloads down by re-examining cases.

Took a vote among supervisors and decided to totally blend, which involved moving people around (which did not go over well). Decided to move the most experienced (from the pilot zone) to other zones. Also trained in staffing. Staffings include case planning/case management, assessors, and investigators. Also had workers and supervisors shadowed each other. 210 workers and 215 workers partnered and shadowed each other to learn the other aspects.

What cases remain with assessment workers? If it is a family assessment track., they will keep that case regardless. If the family is found INS they keep it until closure or petition in which case it goes to foster care. The only cases they would not keep were ones that turn out to be abuse or something and are transferred to forensic track. Then in forensic cases are substantiated, it goes to a case planning/manager. If it comes in as forensic then it still works the old way, and goes to a case manager (in one zone), but

October Betty's zone 74 new assessment cases (12 per worker), are carrying about one each INS case,

Try to manage caseloads. If they end up with over 4 INS cases, they are taken off rotation so that they can try to get their INS cases caught up or closed. Have not had to do it often in the 3 years they have been doing this. Question asked about average length of case. Answer was about 3-6 months, however they acknowledge that Guilford has a lot of services available to them that some counties. Also rotate among workers so each has a week off from being on call. This allows time to catch up.

Management made the decision to go to blended caseloads. Did not allow SW to be a part of this decision. Did allow them to be a part of HOW they wanted to do it. Although SW would not choose to do it, they do agree that it is the best for families.

The key is to be flexible. Selected some gung-ho and some haters together to pilot it and met weekly at first.

One of the workers was one of the ones who was reluctant to do it. However she just accepted that there was going to be a change. The shadowing was helpful, and also that they went slow and let workers talk about it. It is manageable to have investigations, assessments, and case management. It is a challenge, but it is doable. (Only have investigations when a case switches tracks or they are short staffed.) They have social worker support groups where they meet and talk about whatever issues they have. Managers are not there so they can speak freely. These are monthly facilitated meetings and they not only bring up problems, they suggest solutions. The facilitators bring the issues and suggestions to the managers. They use Family Preservation workers to help with the mandated visits if a 210 emergency comes up when they have a 215 visit scheduled.

East Zone is a bit different. They do investigations, assessment, and INS cases. Her true choice would be to not carry 215, but she does it. Took one position into a night worker. They work 1-10 and this helps. She get 2 referrals a week and does evening visits, drug screens, and helps with visits when other workers get 210 emergencies. There have been times when she has had 19-20 cases with 5 INS cases. It was worse in the beginning, but they have learned to be flexible. With INS cases, family preservation has been a great tool. Sometimes may look at an individual case and perhaps transfer it to the case management worker if they cannot give the family enough time.

Risk level doesn't matter. If the family is INS the worker keeps the case.

Flexibility and patience is the key. Implement slowly. Must continue to be flexible. Occasionally the assessment workers have to take forensic cases (for example with the holiday). People that used to do 210 are not thrilled about doing 215. However, they are doing it.

Also, cases that they used to substantiate and sent to treatment, don't do that anymore. A lot of those cases are now closed, with services recommended. With frontloading and a closer examination of safety issues, allows fewer cases to be substantiated or INS. Cases with Services recommended are closed. Originally thought that assessment workers would be overwhelmed with INS cases and not be able to handle the investigations, however they are finding many fewer cases INS than they thought they would when they started.

? Do they keep the svcs recommended cases open? No. Can you walk away with a clear conscience? If yes, close it. If no, find INS. (Just because you find INS doesn't mean you have to keep it open for a long time. If they follow up and get services soon, can then close.)

? Have you seen a number of families that you were finding SR on and you see them for the 3rd or 4th time? They are looking at that, have no hard numbers yet, but anectodotally, don t think there is any more of that than there was before. And there are always families that you are going to see back again and again anyway.

Davidson

Biggest thing she wants to stress is that MRS in a process and is ever changing. As you have a surge in caseloads, will have to change things. Be flexible.

The biggest mistake they feel they made was transferring people to different supervisors. Feel that the relationship or people to their supervisors was critical for people staying with the agency. People left because they were tired of being moved from supervisor to supervisor.

Started with 24 SW and 5 units. Set it up that assessors would keep moderate INS and xfer high and intensive. Case planning became the landfill for cases. The 215 workers had been cut in half but were getting almost the same number of cases. Finally took a step back and looked at how it was set up and how they could change.

Did a intensive day and a half training with the entire MRS manual so that everyone would have some idea of what everyone else did it. Lumped all assessment and investigative workers together and said everyone did everything. Has worked out well. Have one on call worker (and others rotate when she is off) so everyone needed to know anyway. Also had backlog blitzes monthly where they staffed all cases that have been open 6 months or more. Thought that they would wonder why the case hadn t gone to court, but in reality found out why is this open? Also looked at, why was the rating high? There were some people that were just inclined to rate high. Took a closer look and re-educated on how to do the risk assessment. Now, ended up with units that are mixed. Have tried to find ways to allow them to catch up with paperwork. Used to split the workers in half, one week on, one week off. (Had to stop that when the fuel went up and just make sure the closest people went to the family.) Are having trouble with keeping contacts up.

Several trends happening. Having trouble with mental health substance abuse assessment which creates a huge backlog in closing out cases. The other issue is getting the paperwork completed. One thing to ensure that the contacts were being made was to make a sheet to list all contacts on. Do have a licensed facilitator on staff. Thinks CFT are one of the best things about MRS because there are cases that would not really move on without them. Also MRS overall, and CFT in particular have helped divert people from foster care. Removals went down by about 30%.

Lost several supervisors at about the same time. Had workers that approached her and were interested in supervision. Made 3 people interim supervisors so that they could see if they wanted to do it and the agency could see if they did a good job. Worked out really well, partially because they knew they had their worker position open for them.

Questions:

In Guilford each team is a little different and there are some teams that have no 215 workers on them, but there are several teams per zone so, for example, if John's worker substantiates a case, it will go to a 215 worker on another team, but within the zone.

How have you dealt with flextime and irregular hours?

G - Several different approaches. Workers say it depends on what they have going on. They are allowed to do work from home, can access one-case from home (where they do dictation). Varies a lot depending on the supervisor and the particular cases you are working on. Not strictly 8-5. Have a combination of comp time and coming in late on days that you know you have a late meeting. Guilford does have 3 after hours workers, so there are 2 on at one time, and they can refer work to those workers. The after hours workers can make home visits and initiate cases. Have a pool of laptops that they can check out. Some workers are officially telecommuters. Again, stress flexibility depends on worker and supervisor.

D counties cannot budget for a lot of comp time (time and a half). Don't have people working from home, because of their turnover most of the staff is new and would prefer more experience before they allow them to do that. Try to have them flex and if they are meeting late with a family then come in late another day.

Workload Equity how does Guilford decide when one zone needs help with regards to work equity.

G managers meet on a regular basis and talk with each other. Have had to re-draw the line between east and west a couple of times. They are one agency just because there are 3 zones, they don't forget that. Can loan other zones staff when necessary, and it is sometimes. Also can pull all workers because they are all cross trained and on the blended teams. Can borrow an adoption worker with a low caseload to do family assessments for a time. In Guilford, all child welfare workers are classified **the same**. By having them all social workers protective services, it allows them to work in multiple disciplines. (Not sure how they did this, the Director got the commissioners to approve this. Did go through the process and did the desk audits, and was not too difficult. Reduces disharmony between workers.)

D Blended teams cuts down of turf issues because everyone know what everyone else is doing. Have tried to keep track of numbers in each areas and move the dividers between areas a couple of times.

How do you handle your foster care and adoption cases? Who serves the family if it was a forensic case that was substantiated?

G FC worker and supervisor are involved. They are invited to the pre-petition meeting. As soon as they think they might have a petition. Started doing team decision making before MRS because they are a Casey county. Once the decision is made to file the petition, the foster care worker is right there alongside them helping them. If looking at TPR, it depends. Some supervisors will leave it with the foster care worker until TPR actually happens. Sometimes if they think they will get TPR, they go ahead and transfer it to the adoption worker before TPR actually happens, especially if the adoption worker has a lower caseload at that time.

Asked Holly to speak to what she thinks the state will require down the road in reference to blended caseloads?

She is not sure, but suspects that the state will likely say at some point down the road that counties must have some sort of blended caseloads. However, there is not way to say at this point which disciplines will be required to be blended. There will probably be wiggle room. Much like the MRS requirement that certain cases must be forensic, and others are at county discretion, perhaps requirements for blended will be similar. However, this is a new process for the state, just as with counties. There is no way to predict the future with any certainty.

Have their been discussions at the state level on blended 210/215 versus Orange county way which is to blend 215/100?

No specific discussion that she is aware of. The only discussions she has heard about blending 210 and 215. Although there is no specific legislation requiring it, that is what the General Assembly thinks we are doing (this is why they gave us the money for additional workers to get caseloads down so that we could move towards 1 worker for investigations and case management). The state is moving away from concrete direction. It is now more of the state s goal to provide counties with best practice and help guide counties to a model that works for them.

Small county asked if you have people that are doing assessments, forensic, and case management, doesn t it contribute to worker burnout more? They have to know 3 times as much, doesn t it wear them out?

G The key is caseload size. If you have a small caseload size it is manageable and if you have too many cases, (vacancies or whatever) you would have too many if you were specialized!)

Holly recommended that if you try blended caseloads you commit to it for a year because all change is stressful and takes time to smooth things out and give it a fair evaluation.

How do you switch tracks?

G only switch from family to forensic (not the other way around). The worker that was already involved with them. At the first meeting the SW should be talking to the family and explaining family assessment vs. forensic that they are doing this as a family assessment, but if they learn of abuse they will have to begin doing things a little bit differently. After you have made the first visit by calling first, the family won't see much difference if you have already started.

Bi-annual review

At this point they are not looking at MRS specific criteria because we are not statewide. Probably not until 2007.

Caseloads: When you are looking at separate service units what do you recommend the caseloads to be successful?

Holly - Keep in mind if you are separated now, and you have high caseloads, when you blend, you will still have high. If you have reasonable case loads separately, you will be reasonable caseloads when you blend. Blending does not alter your total numbers. Need to really focus on cases that are DSS issues. Are there real SAFETY issues? DSS is not the only agency out there that is responsible for families.

Guilford started slowly, a few workers at a time, didn't try to go agencywide in one day. Also took a hard look at 215 cases and tried to get those down. Taking a close look at things you used to substantiate on, is there really a safety issue there??

Are you able to make your required contacts with a blended caseloads?

G the contacts are being made with the 215 cases, partially because they are keeping the case numbers low. (They do get dinged on contacts in 210 cases.) However, they were dinged on those things before. The things they are missing have nothing to do with MRS. Guilford is making their visits in 215 ok even when they have 210 issues.

D her workers are having trouble keeping up with the visits for the 215 cases. The people who used to be case planning are a little better with it, but the former assessors that now have 215 cases have trouble. Also, the newest trend is that kids are in kinship care so they can't close it out because the kids won't be safe, so have to take them to court.

G Supervisor takes the brunt with this blended arrangement. They have to really help workers keep on top of it.

Holly said there is a learning curve. When Caldwell started their response time went up because of the scheduled visits. Again, same number of cases, same amount of work, just distributed differently. You will probably have to make some of your case managers into family assessors.